## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Morthage

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000010296 (8)

JOHNIDASON INC

Principal Place of Business

Mailing Address

VARU WALLACE AVENUE TAMPA EL 93641

4430 WALLACE AVENUE TAMPA FL 22611-5641

## **FILED** May 23 1997 8:00am Secretary of State



City & State  Trust Fund Contribution  Country  Country  Country  Added to Fees  This corporation has liability for intengible tax under s. 199 032								
Sullis, Apr. 8. etc.    Sullis, Apr. 8. etc.   Sullis, Apr. 9. etc.						02/06/1995		
Sults, Apt. #, etc.    Sults, Apt. #, etc.   Sults, Apt. #, etc.   Sults, Apt. #, etc.   Sults, Apt. #, etc.   Sults, Apt. #, etc.   Sults, Apt. #, etc.   City & State   C							Applied For	
CCVy Susian  CCVy						APPLIED FOR -5	Not Applicable	
20 COUNTY STATE DELETE 2 NATE Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 10. Name and Address Not Address of Now Registered Agent 10. Name and Address Not Address of Now Registered Agent 10. Name and Address of Now Registered Agent 10. Name and Address Not Address of Now Registered Agent 10. Name and Address Not	22		27	<u></u>		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	
Added to Fees    Tous Fund Contribution   Added to Fees   Tous Fund Contribution   Added to Fees   Tous Fund Company   Tous Fund Company   Tous Fund Company   Tous Fund Company   Tous Fund Statutos   Tous Fund Statutos				n ,		6. Election Campaign Financing	\$5.00 May Be	
9. SAME	23	MDAGAKES		LA	KCS	Trust Fund Contribution		
9. Name and Address of Current Registered Agent  9. Name and Address of Now Registered Agent  9. SMITH, JAMES 9. 2823 LACE ANXON DR 10. Size of Address (P.O. Box Number is Not Acceptable)  9. Size o		///2		Cou	ntry	8. This corporation has liability for	intangible tax under s. 199.032,	
### BITH, JAMES ### B223 LAKE SAXON DR LAND O JAKES FL 34639  ### City ###	24 74		11	30 2	4ME		<u> </u>	
2823 LAKE SAXON DR LAND O JAKES FL 34639  88  48 Ordy  FL  85  77  70 Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submite this statement for the purpose of changing its registered eight. I am Hamiler with, and accept the originations of Socion 607 0505, Florida Statutes, the above named corporation's board of directors. I horroby accept the appointment as registered eight. I am Hamiler with, and accept the originations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. NOTE flogressed Agent agreeze resistance with a price floridation of Section 607 0505, Florida Statutes.  SIGNATURE  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. IN OFFICERS AND DIRECTORS  17. INIT.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. INIT.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			Registered Agent		A	10. Name and Address of New Re	gistered Agent	
Section   Continue   Change   Addition   Change   Change   Change   Change   Change					Name			
SAME					<b>62</b> Street	Address (P.O. Box Number is Not Acceptable)		
### City   FL   85   Zip Code    11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered register of agent, and familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  #### STATE OF TOTAL								
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered significant of registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered significant in familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 ITLE  SMITH, JAMES  1.2 NAME  SMITH, JAMES  1.3 SIRET ADDRESS  CITY-ST-2P  TITLE  DELETE  2.2 NAME  2.3 SIRET ADDRESS  CITY-ST-2P  TITLE  DELETE  2.3 TITLE  DELETE  2.4 CITY-ST-2P  TITLE  DELETE  3.1 TI		(ME)		İ	83			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered significant of registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I heroby accept the appointment as registered significant in familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 ITLE  SMITH, JAMES  1.2 NAME  SMITH, JAMES  1.3 SIRET ADDRESS  CITY-ST-2P  TITLE  DELETE  2.2 NAME  2.3 SIRET ADDRESS  CITY-ST-2P  TITLE  DELETE  2.3 TITLE  DELETE  2.4 CITY-ST-2P  TITLE  DELETE  3.1 TI	-			ŀ	84 City		Isel Zin Code	
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SIGNATURE     Signature     Signature     Signature       Signature	11. Pyrsuant office or l agent 1 a	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute Florida Such change was a ons of, Section 607.0505, Flor	s, the ab uthorized rida Stati	oove-named by the corputes.	corporation submits this statement for the population's board of directors. I hereby acception	urpose of changing its registered of the appointment as registered	
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To refer of certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

## Form SS-4 (Rev. December 1993) Department of the Treasury

## **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

Expires 12-31-96

Internal Revenue Service Name\_of applicant (Legal name) (See Instructions.) THINIDASON INC Trade name of business, if different from name in line 1 3 Executor, trustee, "care of" name JOHNIDASON INC 4a Malling address (street address) (room, apt., or suite no.) 5a Business address, if different from address in lines 4a and 4b 7823 LAKE SAXON 4b City, state, and ZIP code 5b City, state, and ZIP code LAND O LAKES, County and state where principal business is located +1445BORG Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) > 7.6-7.97 JAMESN'SINITIA Type of entity (Check only one box.) (See instructions.) Estate (SSN of decedent)\_\_\_ ☐ Plan administrator-SSN \_ Partnership Sole Proprietor (SSN) 100 \_ Farmers' cooperative REMIC Personal service corp. Other corporation (specify)\_ ☐ Federal government/military ☐ Church or church controlled organization Other nonprofit organization (specify) \_\_\_\_\_ (enter GEN if applicable) \_\_\_\_\_ Other (specify) > If a corporation, name the state or foreign country | State Foreign country ドレ (If applicable) where incorporated ▶ ☐ Changed type of organization (specify) ► Reason for applying (Check only one box.) Started new business (specify) Purchased going business Hired employees ☐ Created a trust (specify) ► Created a pension plan (specify type) ☐ Banking purpose (specify) ▶ Other (specify) Date business started or acquired (Mo., day, year) (See instructions.) 11 Enter closing month of accounting year. (See instructions.) 01-01-96 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding egent, enter date income will first Nonagricultural Agricultural Household Enter highest number of employees expected in the next 12 months. Note: If the applicant CONSTRUCTION Principal activity (See instructions.) ▶ 14 is the principal business activity manufacturing? . If "Yes," principal product and raw material used ▶ To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Other (specify) ► □ N/A Has the applicant ever applied for an identification number for this or any other business? 1 No Note: If "Yes," please complete lines 17b and 17c. If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application, Legal name ▶ Trade name ▶ Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year). City and state where filed Under genalties of perjury. I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) Name and title (Please type or print clearly.) - James iv. Smeru Date 🕨 Note: Do not write below this line. For official use only. Class Reason for applying Please leave